

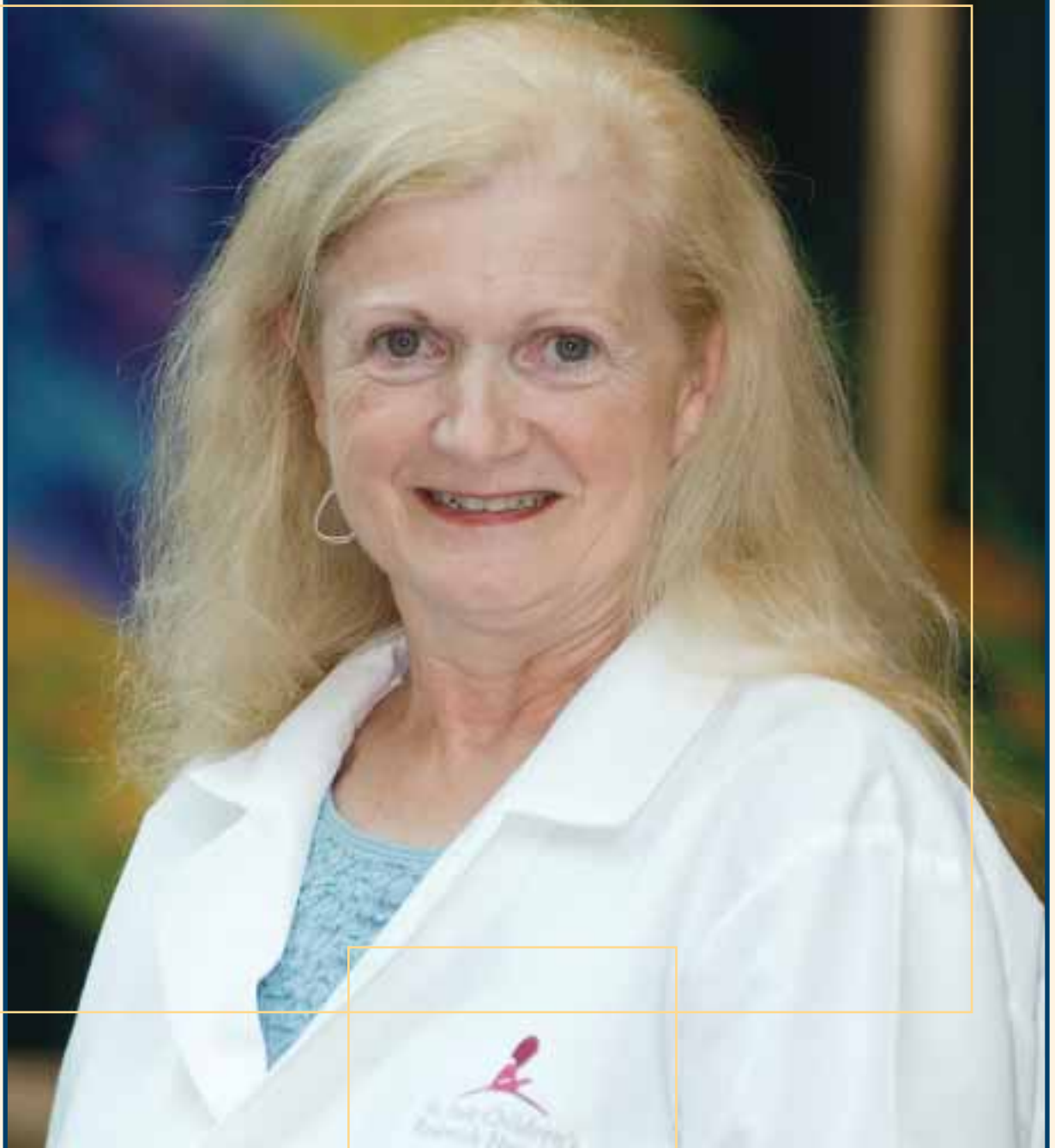
# NURSING

Fall 2007



# Perspectives

Published by the Tennessee Center for Nursing on behalf of the Tennessee Board of Nursing



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Scholarly and informative items dealing with healthcare topics and issues that are related to nursing regulation are welcome. Contact the Tennessee Center for Nursing at [valda@centerfor-nursing.org](mailto:valda@centerfor-nursing.org).

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**Cover Photo:** Frances Gail Walker, RN is contracted at St. Jude Children's Research Hospital, Memphis, TN through O.R. Nurses, Inc., Germantown, TN. Gail's credentials include Basic Life Support, Advanced Cardiac Life Support, & Trauma Nurse Core Curriculum. She is a member of the Tennessee Emergency Nursing Association (ENA) where they are in the process of passing a Pediatric Medical Device Bill. Photo submitted by: Summer Freeman, St. Jude Children's Research Hospital. Would you like to see yourself or a colleague as "Cover Nurse?" Send photos to [valda@centerfor-nursing.org](mailto:valda@centerfor-nursing.org). Photos should reflect the following quarterly themes:

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Virginia Robertson, President  
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edition 6

## FROM THE DESK OF THE EXECUTIVE DIRECTOR



Elizabeth J. Lund, MSN, RN  
Executive Director  
Tennessee Board of Nursing

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Tennessee Board of Nursing  
227 French Landing, Suite 300  
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1-800-778-4123 nationwide  
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website [www2.state.tn.us/health/Boards/Nursing/index.htm](http://www2.state.tn.us/health/Boards/Nursing/index.htm)

With this issue, *Nursing Perspectives* turns its focus to timely legislation and rules, the disciplinary process and licensure. What could be timelier than the Board of Nursing's reauthorization by the state legislature? After a thorough examination of its operations, multiple appearances by board members at legislative committee meetings and submission of volumes of data, the multi-year sunset process ended happily with continuation of the Board until 2010. Thank you to the many supporters of the Board who gave generously of their time to insure that the public continues to be protected.

How does the Board accomplish its mandate to protect the health, safety, and welfare of the citizens of Tennessee? One important way is to cause the prosecution of those nurses found to have violated the nurse practice act. That sounds intimidating! Deputy General Counsel Wilma James explains the due process provisions afforded a nurse accused of a violation. Tennessee Professional Assistance Program director Mike Harkreader describes the program's role as an alternative to discipline for those nurses willing to abide by its guidelines. For those unable or unwilling to practice safely, disciplinary action against the license is the ultimate outcome. In the interest of public protection, the Board publishes the list of board disciplinary actions.

Ranking high on the list of "How does it work?" is the rulemaking process. Board advisory attorney Ernie Sykes describes the seemingly mysterious process. Also in this issue, find a brief summary of Board rules effective this quarter.

Readers, your feedback keeps this magazine relevant. Again, thank you for partnering with the Board to promote Tennessean's health and safety. -

*Elizabeth J. Lund*



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# AN OVERVIEW

The Tennessee Board of Nursing has legal authority to promulgate rules to regulate the profession of nursing in this State. Board rules have the force and effect of law. The Board's rulemaking authority derives expressly from statute (Tenn. Code Ann. § 63-7-207(1)(B)(4)) and from the Board's more general "implied authority" which has been recognized by the courts. See, e.g., *Stallings v. Harris*, 493 F.Supp. 956 (W.D. Tenn. 1980).

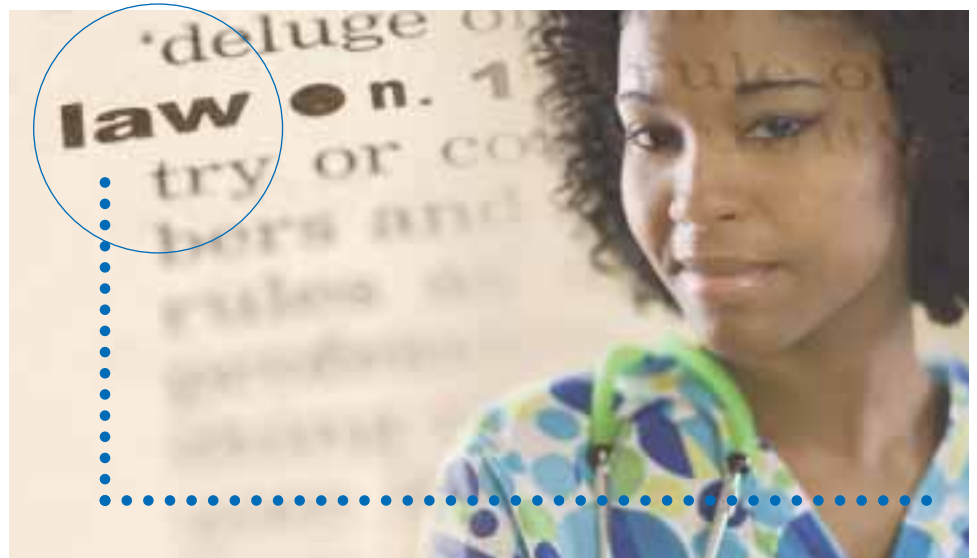
It can be a rather lengthy process for a proposed change to the Board rules to make its way through the pipeline until it eventually becomes effective. That is so because the State of Tennessee rulemaking requirements – which are set forth in the Uniform Administrative Procedures Act, at Tenn. Code Ann. §§ 4-5-201 *et seq.* – mandate an open, transparent process in which the public must be notified and allowed to comment on proposed rules before they become law. The limits of the Board's authority are codified in law by the Tennessee General Assembly at Tenn. Code Ann. §§ 63-7-101 *et seq.* Board rules may not go beyond the scope of those statutory laws, and so all proposed changes to Board rules must undergo a series of legal reviews before becoming effective, to ensure that they meet stringent State requirements and that they represent an appropriate exercise of the Board's regulatory power over nurses of this State.

The current rulemaking process takes place over the course of three successive Board meetings. There are some special exceptions that I do not address in this article, but the vast majority of Board rules follow this logistical process:

**First, the Board, in an open and regularly scheduled meeting, informally discusses the need for a rule change or rule changes, and the general substance of such amendment(s).** The need for a possible rule change may be brought to the Board's attention in a number of ways: A Board member herself

might recommend a rule change; an interested nurse or other person might write the Board a letter suggesting a particular rule change; or Board staff might recommend a rule change based, for example, on new legislation. As a result of that discussion, the Board then during the meeting directs its staff to prepare what is known as a Notice of Rulemaking Hearing to be presented at the subsequent Board meeting. The rulemaking process has begun.

**The draft Notice of Rulemaking Hearing is presented at the next open meeting.** The Board has the opportunity at that time to make any changes to the proposed rule language. It then votes on whether to authorize the hearing to take place. If the Board votes to authorize a rulemaking hearing, Board staff files the Notice (usually within one day of the meeting) and the process continues on to the "rulemaking hearing."



By law, the hearing date for the rules may not be set sooner than forty-five days after the first day of the month after which the Notice is filed. (For instance, if the Notice of Rulemaking Hearing is authorized by the Board and then filed with the Secretary of State at any time during the month of September, then the hearing may be held no earlier than November 15 – which is 45 days after October 1.) This delay is mandated by law in order to make sure there is ample time to notify the public of proposed

# of the Rulemaking Process

changes, and to give the public – including, of course, nurses themselves – a chance to comment on the rules. The Secretary of State publishes the Notice in what is known as the Tennessee Administrative Register (TAR). The TAR, a monthly publication, may be accessed online at <http://state.tn.us/sos/pub/tar/>.

The rulemaking hearing is where nurses and other members of the public have an opportunity to make their voices heard. Any Tennessee citizen may attend the hearing in person and/or may submit written comments regarding the proposed rules. As a practical matter, the vast majority of comments received at a rulemaking hearing are letters. The regulations manager or the Board attorney moderates and takes minutes. Under the current process, Board members themselves do not attend the rulemaking hearing. Rather, the hearing moderator reports all comments to the Board at its next open meeting. Sometimes there will be no comments at all, and at other times, especially if a proposed rule is controversial, the written comments may be so voluminous that they comprise hundreds of pages.

**The Board then at its next open meeting votes to formally adopt the rules.** Before voting, the Board takes into account all of the comments that were received at the hearing. The final form of the rules as voted on by the Board may, and often does, incorporate suggestions that were submitted by members of the public at the rulemaking hearing. (The hearing moderator is required to respond in writing to each and every comment he received at the rulemaking hearing to relay what action, if any, the Board chose to take based on the comments.)

Once the Board votes to formally adopt the proposed rules, then the regulations manager and the Board attorney finalize the language of the proposed rules and convert the Notice of Rulemaking Hearing into “rulemaking hearing rules,” which is the final form the rules will take once promulgated. The draft rules are scrutinized by the Board’s attorney, who conducts research to ensure that the rules are legally permissible in both style and substance. **Once the Board’s attorney approves the rules as to form and legality, the rules are filed with the Tennessee Attorney General’s office, which in turn reviews the rules as to legality.**

The Attorney General must approve the rules by signing them and sending them back to Board staff. In the vast majority of cases, the Attorney General approves the rules with either no changes or minimal cosmetic edits. **Once approved, Board staff then files the rules with the Secretary of State’s office, which is responsible for publishing the rules and assigning them an “effective date” on which the rules will become law. That date is seventy-five days after the rules are filed with the Secretary of State.** On that effective date, the rules which are posted on the Board’s website should be updated to reflect the amendments.



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## PROGRESSIVE LEGISLATION THAT BENEFITS THE NURSES OF TENNESSEE

Mike Harkreader, MS, RN  
Executive Director, Tennessee Professional Assistance Program

The Tennessee Professional Assistance Program (TnPAP) is an organization that was developed originally as a volunteer program in the mid 1980's to offer impaired nurses an alternative to punitive discipline by the Tennessee Board of Nursing, for those nurses that suffered from the disease of addiction who had violated the nurse practice act. Programs like TnPAP were established across the nation during this time period as it became clear that addiction was a chronic brain based disease that could be effectively treated, thereby saving a nurse's license, profession, and livelihood. (See Nursing Perspective Volume I, No.1 for an extensive history of TnPAP's origins and subsequent development.)

TnPAP is classified by the National Association of State Boards of Nursing as an Alternative to Discipline Program. Other classifications or descriptions used over the years to describe programs similar to TnPAP for any impaired professional include terms like Peer Assistance, Peer Monitoring, and Peer Diversion Programs.

TnPAP is a non-profit 501 (c) (3) organization that is governed by the Tennessee Nurses Foundation Board of Directors. The Tennessee Board of Nursing has contracted with TnPAP to be the provider of monitoring services to the Board as its "proper channel" to report impaired nurses.

The Tennessee Legislature passed legislation in 1992 that stipulated that all health related regulatory boards had a responsibility to provide assistance in the rehabilitation of a licensed impaired practitioner. Tennessee Code Annotated, which codifies all state statutes, addresses the creation and functioning of Alternative to Discipline programs in Chapter 63-1-136.

*(a) Regulatory boards, commissions, and agencies attached to the division of health related boards, in addition to other enumerated powers and duties, have as their purpose assistance in the rehabilitation of impaired health practitioners who are licensed, certified, or registered by the respective regulatory boards, commissions, and agencies.*

This authority to contract with TnPAP comes from TCA Chapter 63-1-136 (b):

*(b) Regulatory boards, commissions, and agencies attached to the division of health related boards, in addition to other enumerated powers and duties, have the power to enter into agreements, provide grants, and make other arrangements with statewide nonprofit professional associations or their affiliated foundations to identify and assist impaired professionals who are licensed, registered, or certified by the respective regulatory boards, commissions, and agencies*

The Board of Nursing funds TnPAP after approving an annual budget. The authority for this funding comes from TCA 63-1-136 (c), which

also makes clear that TnPAP is not a state agency.

*(c) Regulatory boards, commissions, and agencies attached to the division of health related boards have the authority to accept and designate grants, public or private financial assistance, and licensure fees to fund programs authorized in subsection (b), to assist impaired professionals. The provision of such grants shall not deem recipient peer assistance programs to be the functional equivalent of the state.*

In its wisdom, the writers of the legislation creating alternative boards secured the confidential nature of the monitoring programs and it's participants as described in TCA 63-1d-136 (d):

*(d) All information, interviews, reports, statements, memoranda, and other data furnished to a nonprofit professional association or its affiliated foundation, and any findings, conclusions, or recommendations resulting from the proceedings of such professional association or its affiliated foundation are privileged and confidential. The records of such proceedings of the affiliated foundation or association shall be used only in the exercise of proper functions of the regulatory board, commission, or agency attached to the division of health related boards, and shall not become public record nor be made available for court subpoena or discovery proceedings.*

If the Board becomes dissatisfied with the performance of the monitoring program that it has contracted with, then it can replace that program with another one. This authority is described in TCA 63-1-136 (e):

*(e) If a regulatory board, commission, or agency attached to the division of health related boards determines that an association or its affiliated foundation is not providing adequate services under this section, then the board, commission, or agency may contract with another nonprofit organization in order to assist impaired professionals.*

And the final section of TCA 63-1-136-1 (f) secures that professional boundaries and conflict of interest issues will be avoided with the following section:

*(f) Organizations that directly provide alcohol and drug treatment services or behavioral health services on an inpatient or outpatient basis for remuneration shall be prohibited from contracting with such board, commission, or agency to provide a professional assistance program.*

Thanks to the efforts of the Tennessee Nurses Association and the Tennessee Nurses Foundation in the 1980's, creative and progressive legislation in the 1990's, and the support of the Tennessee Board of Nursing, nurses in Tennessee today have a monitoring program available to them that allows for accurate diagnosis, advice on treatment options, and close monitoring to secure sobriety and long term recovery and the opportunity to maintain their license.

Referrals to TnPAP can be made by individuals, employers, peers, and family members, as well as concerned citizens. Our toll free number for referrals is 888-776-0786 or on-line at [www.tnpap.org](http://www.tnpap.org).



**ad space open**

## DUE PROCESS:

# Disciplinary Actions Before the Tennessee Board of Nursing

Nursing is an ancient and noble profession. It is a profession that provides care and service to people. It is a profession that requires great medical skill and training. It is a profession in which compassion and the ability to counsel patients and their families are necessary and expected qualifications. It is a profession in which acute observation and meticulous record keeping can save a life. It is a profession for which the technology is continuously changing, and nurses must keep abreast. It is a profession that impacts each and every stage in the delivery of medical services. Nurses treat their patients during their most joyful and their most vulnerable moments. Nursing is a healing art. Patients trust their nurses to be knowledgeable and honorable people. Nurses must constantly prove themselves worthy of such trust.

Nursing is a profession of great challenges and great rewards. It is, likewise, a profession fraught with great obstacles and great temptations. Nurses are people with human sensibilities and human failings. They experience personal insecurities, family concerns, and financial difficulties. They must face pressures and obligations from all aspects of their work and from society as a whole. They may fail to achieve personal and professional goals. They may need training and support to become more competent professionals. They may need monitoring to overcome an addiction. They may not be qualified to handle their designated duties.

The Tennessee Board of Nursing is entrusted with the responsibility of overseeing the profession and the practice of Nursing. In so doing, the Board protects the citizens of the State of Tennessee. The Board of Nursing is statutorily empowered to authorize those individuals that it believes can safely, skillfully and competently practice nursing in this state to do so. Likewise, the Board has the power to discipline those nurses who have failed to meet the professional standards and expectations of the nursing practice. The Board may discipline nurses. Such discipline may include revoking the licenses of incompetent, unsafe, and unscrupulous nurses, completely curtailing their ability to practice in the state.

The Board of Nursing receives volumes of information each day from across the state and from other states regarding the performance of its licensed nurses. Such information may come from hospitals, agencies, schools and other employers. Complaints are generated by nurses, doctors, pharmacists, co-workers, patients, patients' families and friends, and sometimes from people who are merely casual observers. All such allegations are carefully reviewed to determine if the activity in question actually results in poor nursing care, harm to patients, or a violation of the laws and regulations prescribed for the safe and competent practice of nursing.

If a complaint is lodged against you in your capacity as a nurse, the complaint will be fully investigated. The investigator assigned to the case will seek out and interview all individuals who may have pertinent information regarding the circumstances of the case. That investigator will also request information from you about the nature of the allegations. **COOPERATE WITH THE INVESTIGATOR.** It is the best way for you to present any possible explanation that you have about the allegations against you.

It is important that you update the personal information that you have provided to the Board of Nursing when applying for or renewing your license. An investigator seeking your response, a Board administrator attempting to find out information about your employment, or a state's attorney attempting to inform you that formal charges have been initiated against your license, can only locate you based upon the information that you have provided. Such information is considered your official name, address and phone number for all Board purposes. **ALWAYS PROVIDE THE BOARD WITH CURRENT AND UP TO DATE INFORMATION.** You cannot avoid the Board. And you remain subject to the Board's authority even when it cannot locate you. By failing to apprise the Board of your current location, you run the risk that adverse actions may be taken against you and your license, in default, because you cannot be located.

If it is determined that your actions have resulted in the violation of your statutory and/or regulatory responsibilities as a nurse, the matter will be referred to the Office of General Counsel so that formal proceedings can be initiated against you. The attorney assigned to the matter will notify you in writing of the allegations that have been brought against you, how such conduct violates acceptable nursing practices, and the Department of Health's intent to request that the Board of Nursing take disciplinary action against you. This initial letter may be forwarded along with a **CONSENT ORDER**. The Consent Order is an attempt to resolve the matter before formal charges are filed against you. The Consent Order will set forth the alleged conduct and provide disciplinary action in accordance with established Board policies and principles. **CAREFULLY REVIEW THE ORDER, AND CONTACT THE ATTORNEY.** Health care professionals often ignore these initial communications, not realizing that this is an opportunity to consider possible settlement. Consent Orders, and other forms of settlement, must be presented to the Board of Nursing for its approval and ratification.

Upon the commencement of legal action against you, you are entitled to **DUE PROCESS**. Although due process involves some complicated legal considerations, it essentially provides specific safeguards for the person who has been accused of wrongful acts. Due process

*continued at the bottom of page 12*



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# PRACTICE



## Tennessee Board of Nursing • Contact Information At a Glance

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Web: <http://health.state.tn.us/Boards/Nursing/index.htm>

Address: 227 French Landing, Suite 300 • Heritage Place MetroCenter • Nashville, TN 37243

- Q. *My license expired six weeks ago. May I renew online?*
- A. No. Your license is now in a failed-to-renew status. Contact the Board of Nursing office for a reinstatement and renewal application. Expect to pay a \$100 reinstatement fee as well as the \$75 renewal fee (prorated).
- Q. *I just discovered that my license expired one year ago. I practiced for nine months on an expired license. What is required?*
- A. Contact the Board office immediately for a reinstatement and renewal application. In addition to the reinstatement fee and renewal fee, expect to pay an additional fine for practicing nursing on a lapsed license. Board rules state that it is unprofessional conduct to practice on a lapsed license.
- Q. *I am an applicant for licensure by endorsement and have been practicing on an expired temporary permit. What do I need to do?*
- A. Check the Board's verification web site to determine the status of your application. If the status reads "Application in Process," refer to the deficiency letter sent to you by the Board office and take the necessary steps to complete the application. Contact the Board office immediately if you have any questions. Board rules consider it unprofessional conduct to practice nursing beyond the period of a valid temporary permit.
- Q. *My license was "voided" when I moved to another compact state. I expect to return to Tennessee before that voided Tennessee license will expire. What do I do?*
- A. Simply complete a declaration of residence (found on the Internet) indicating Tennessee as your new primary state of residence with a request to have your license reissued. There is no fee for this service.
- Q. *I have been previously licensed in Tennessee and let my Tennessee nursing license lapse while I lived and practiced in another compact state. I have now moved back to Tennessee. What do I need to do?*
- A. Complete a declaration of residence and contact the Board to request a reinstatement and renewal application.
- Q. *I have been previously licensed in Tennessee and let my Tennessee nursing license lapse while I lived and practiced in a non compact state. What do I need to do to be eligible to practice in Tennessee?*
- A. Contact the Board office and request a reinstatement and renewal application.
- Q. *I hold a multistate license from a compact state. I plan to change my legal state of residence to another compact state. How long may I practice in my new state of residence on my current multistate license?*
- A. Thirty days. It is recommended to contact the Board of Nursing located in your new state of legal residence as soon as possible to begin the licensure process. -

.....

*continued from page 10*

requires that the accused be properly notified of the allegations and actions against them, and that such accused be afforded the opportunity to a fair and impartial hearing.

If the charges against you cannot be resolved, formal proceedings will be instituted against you. A NOTICE OF CHARGES will be filed against you, and you will be summoned to appear for a hearing before the Board of Nursing. TAKE ADVANTAGE OF YOUR RIGHT TO APPEAR BEFORE THE BOARD. An Administrative Law Judge will also be present to make determinations and render decisions regarding the process and the evidence. Disciplinary actions should not be taken lightly. You may be represented by counsel, and you may present witnesses on your own behalf. The Board of Nursing is comprised of skilled nursing professionals and dedicated consumer members who want nurse practitioners to succeed personally and professionally. Allow them to fully consider your circumstances and any explanations that you might have regarding the allegations against you. Remember that disciplinary action can be taken against your license to practice nursing in Tennessee even if you are not present. Such action may also be reported to the national databank.

After hearing the evidence and the testimony of the witnesses, the Board will review the information and deliberate the matter before it. The Board will make findings of fact and conclusions of law. The Board will determine what actions should be taken against the nurses and the nursing license. The Board will decide the status of the license (including possible suspension, probation, or revocation), and will decide what course of action the nurse should take in order to correct outstanding deficiencies and perceived problems. COMPLY WITH THE ORDER OF THE BOARD. Your continued participation in the nursing profession depends on it.

Nursing is a valuable profession. Problems occur in every profession. Mistakes are made. The Board of Nursing is committed to upholding high standards from nurses and providing quality healthcare for all persons within the State of Tennessee. Should a complaint be filed against you, you will be provided notice and an opportunity to a fair hearing. You will be afforded due process, and the constitutional rights that flow from such requirement. But remember, you are the most important part of the disciplinary process. Your participation is required. -



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*The VA Tennessee Valley Healthcare System is committed to improving the health of veterans through a comprehensive and high quality system, which focuses on each patient's special needs. The integrated system provides an environment that fosters healthcare research and encourages learning and growth for veterans, family and staff.*



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**Nurse Recruiter**  
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(615) 327-4751 ext 5610 in Nashville  
Pager: (615) 531-9203  
[Melissa.Littman@va.gov](mailto:Melissa.Littman@va.gov)



# LEGISLATIVE Update



Submitted by Elizabeth J. Lund, MSN, RN • Executive Director • Tennessee Board of Nursing

The following provides a quick reference to state laws passed in 2007 that relate directly to those licensed by the Board of Nursing. To view the public chapters in their entirety, go to the Tennessee Department of State Division of Publications web page at <http://tennessee.gov/sos/acts/index.htm>.

**Public Chapter 83—Domestic Violence Reporting**--any health care practitioner licensed or certified under title 63 (Health Related Boards), except for those practitioners licensed under chapter 12 of that title (Veterinarians), who knows, or has reasonable cause to suspect, that a patient's injuries, whether or not such injuries cause a patient's death, are the result of domestic violence or domestic abuse, shall report to the department of health, office of health statistics, on a monthly basis. The report shall not disclose the name or identity of the patient, but should include the nature and extent of the patient's injuries, the substance in summary fashion of any statements made by the patient, including comments concerning past domestic abuse with the patient's current spouse or previous partner(s), that would reasonably give rise to suspicion of domestic abuse. The practitioner shall include any other information upon which the suspicion of domestic abuse is based.

**Public Chapter 154—Prenatal Testing for HIV**--requires all providers of health care services who assume responsibility for the prenatal care of pregnant women during gestation, except in cases where women refuse testing, to test these women for human immunodeficiency virus (HIV) and to provide referral into appropriate medical and social services for those women who test positive.

**Public Chapter 298—Controlled Substance Schedules**--amends Tennessee Code Annotated, Title 39, Chapter 17, Part 4, relative to the scheduling of controlled substances.

**Public Chapter 327—Board of Nursing Sunset**--extends the Board of Nursing until 2010.

**Public Chapter 364—Exemption to the Nurse Practice Act**--Adds a new exemption (12) that reads: Persons trained in accordance with § 68-1-904(c)(2) (Health), who are employed by agencies that are both licensed under title 37 (Juveniles) and under contract with the department of children's services to

provide services can assist children and youth with the self-administration of medication in a group home setting. Before any such person is authorized to assist the child or youth with self administration of medication, that person must have received and be able to document six (6) hours of training in medication administration from a registered nurse licensed pursuant to this chapter. For the purposes of this subdivision (12), assisting with self-administration of medications is not to be interpreted in any manner or fashion to include, or to be the same as, medication administration that would be only appropriate and acceptable for persons who are authorized to do so by specific professional acts under this title or by rules or regulations.

**Public Chapter 399—Amends an Exemption to the Nurse Practice**--Tennessee Code Annotated, Section 63-7-102(11), is amended by deleting the existing language of the subdivision in its entirety and by substituting instead the following:

(11) A person employed by an agency licensed under title 33, chapter 2, part 4 (Mental Health and Developmental Disabilities), providing personal support services to clients living in their own home or private residence may assist the client with medication, except for injections, upon a written authorization by the client or the client's authorized representative. For the purpose of this section, assistance is limited to opening medication packaging and providing medication reminders and does not permit giving the client any form of medication. Before any such person is authorized to assist the client with medication as stated above, the person must have received and be able to document training in medication assistance performed by or under the general supervision of a registered nurse and consistent with the State's home and community-based services (HCBS) training in assisting with medications. For the purposes of this subdivision (11), assisting with medications is not to be interpreted in any manner or fashion to include, or to be the same as, medication administration that would be only appropriate and acceptable for persons who are authorized so to do by specific professional acts under this title or by rules or regulations.-



3rd Annual

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Wed.	St. Thomas/St. John*	9:00 AM	8:00 PM
Thurs.	St. Maarten	7:00 AM	6:00 PM
Fri.	"Fun Day" at Sea		
Sat.	"Fun Day" at Sea		
Sun.	Miami	8:00 AM	

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# ADMINISTRATIVE RULES UPDATE

Submitted by Elizabeth J. Lund, MSN, RN  
Executive Director  
Tennessee Board of Nursing



The following rules that relate directly to those licensed by the Board of Nursing became effective June 6, 2007. To view the rules in their entirety, go to the board's web page at [http://www.state.tn.us/sos/rules/](http://www.state.tn.us/sos/rules/1000/1000.htm)

1000/1000.htm.

**Licensure by Examination—Rule 1000-1-.01 (RN) and 1000-2-.01 (LPN)**—Deletes the rule that authorizes the board to issue a temporary permit to applicants awaiting the results of the licensure examination so that the rule is congruent with the statute. Readers may recall that the Board stopped issuing temporary permits to new graduates of nursing programs upon adoption of computer adapted testing in 1994 when testing and test results became available quickly.

**Biennial Registration (Renewal)—Rule 1000-1-.03(1)(a) (RN) and Rule 1000-2-.03(1)(a) (LPN)**—Amends the rule to be consistent with the statute such that the board may request submission of evidence of satisfactory health, character, or nursing competence if the licensee has been inactive in nursing for five years or more. The statute and rule previously authorized submission of evidence of competency when a licensee had been inactive for two years.

**Determination and Pronouncement of Death—1000-1-.15(2)**—adds assisted-care living facility to the list of settings where a registered nurse may pronounce death.

**Advertising--1000-1-.19**—Adds a new rule on advertising with the following policy statement: The lack of sophistication on the part of many of the public concerning nursing services, the importance of the interests affected by the choice of a registered nurse, and the foreseeable consequences of unrestricted advertising by nurses which is recognized to pose special possibilities for deception, require that special care be taken by nurses to avoid misleading the public. The registered nurse must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by nurses is calculated and not spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.

Susan R. Cooper, MSN, RN  
Tennessee Commissioner of Health



## Nurses for COVERKIDS

As nurses, we are on the front lines of providing care to those in need of medical treatment and educating our patients to learn healthy behaviors. Children are among the most vulnerable of our patients, but they also present us with the greatest opportunities for preventing future health problems. Tennessee's uninsured children now have the opportunity to take advantage of a comprehensive program that helps provide crucial services for achieving and maintaining good health.

Governor Phil Bredesen's new CoverKids program provides comprehensive health insurance to thousands of Tennessee children at reduced rates. While insurance is no guarantee of better health, it does help provide access to care. CoverKids is a means by which we can identify disease and other health issues early in these young patients. The program places a strong emphasis on prevention by encouraging important services such as well-child visits and immunizations, and is working to reach out to those children most at risk for poor health outcomes. Access to regular health care also presents opportunity for education on and encouragement of healthy behaviors, and a chance to address issues such as obesity and lack of activity. We know these are strategies that work to promote better health. I urge all nurses to learn more about CoverKids and share the information with parents of your patients to help start more Tennessee children on a lifetime of good health.



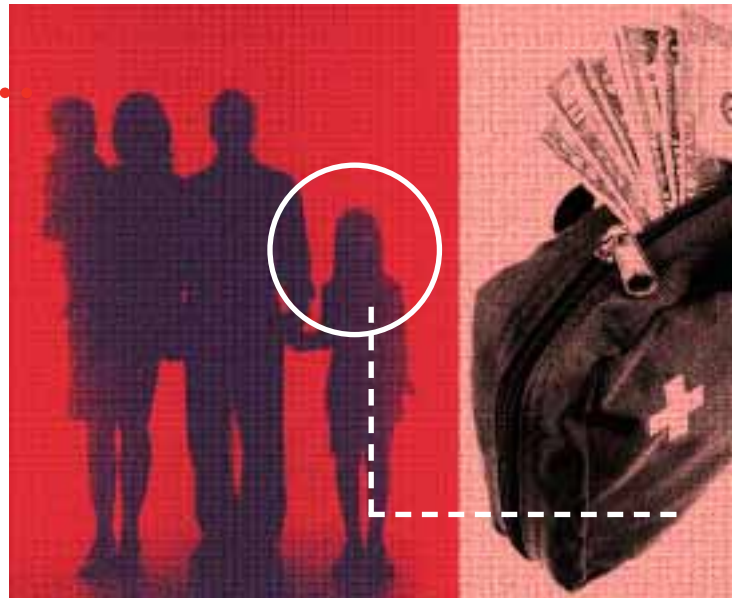
# Cover KIDS

← Governor Phil Bredesen's new CoverKids program provides many of our state's children with their first real opportunity to have a medical home, meaning regular and preventive basic healthcare. CoverKids, a part of the federal SCHIP, or State Children's Health Insurance Program is a key part of Bredesen's Cover Tennessee initiative, an innovative group of programs for Tennesseans who don't have access to health insurance. CoverKids is a major step forward for our state in closing the gap for children that are currently uninsured. Investing in the health of our children at an early age is one of the best investments we can make in our state's future. As many as 127,000 children in Tennessee have no healthcare insurance. That means that in every school room in the state, we can count on one in every ten students being uninsured.

CoverKids brings comprehensive health insurance to children below the age of 19, including coverage for doctor visits, prescription drugs, hospitalization, and mental health needs. It emphasizes services children need most: well-baby and well-child visits, as well as age-appropriate immunizations. The program is designed for children who do not qualify for TennCare or other government healthcare programs. It is designed for children in families where the household income is up to two-and-a-half times the Federal Poverty Level, or about \$51,625 per year for a family of four. And for families with incomes above that level, they will be able to purchase insurance through CoverKids at reasonable rates.

No child will be excluded from CoverKids because of a prior medical condition. Chronically ill children and children with special health care needs will be eligible. Once a child is enrolled in CoverKids, there will be 12 months of continuous eligibility to initiate, promote, and sustain continuity of care.

2007 is the year for SCHIP reauthorization and those discussions are going on at the national level with input from the



states. The SCHIP program has had great results. Since the program began, more kids have insurance despite nationwide trends in the opposite direction for adults. And more kids are actually receiving medical care. Because of its success, the program already has great bipartisan support. We feel confident that reauthorization will occur.

When working families cannot access health care for their children, the consequences can be severe. Babies may not get the checkups they need to make sure they are growing healthy and strong. They may not get the immunizations they need to ward off preventable diseases. Without insurance, families may wait until a child is very sick before seeking medical help, sometimes getting help only in an emergency.

If our job as adults is to make this state better for our children, then part of that duty must include making sure our kids grow up healthy and strong – ready and able to seize the opportunities that await them. That's what CoverKids is about. -

*To learn more about CoverKids and  
all the Cover Tennessee programs,  
visit [www.covertn.gov](http://www.covertn.gov)*



Submitted by  
Madeline Coleman, JD, RN, CPHQ  
Nursing Consultant  
Tennessee Board of Nursing

# DISCIPLINARY ACTIONS

NAME	LICENSE NUMBER	DISCIPLINARY ACTION			
JANUARY 2006					
1. Gary Hubbard	RN	115014	Probation		
MARCH 2006					
1. Kelly D. Brown	RN	134505	Suspension-Probation	5. Wanda Dominique	RN 114660 Suspension-probation
2. Mary Campagna	RN	91447	Revocation	6. Robert D. Godsey	RN 127057 Revocation
3. Virginia C. Edwards	RN	146217	Revocation	7. Pamela Gay Hardaway	RN 70482 Revocation
4. Elizabeth A Elliott	RN	96752	Revocation	8. Donna Henry	RN 29992 Suspension-probation
5. Brent Engle	RN	62968	Revocation	9. Juanita J. Howard	RN 109110 Suspension-probation
6. Hazel England	RN	110752	Revocation	10. Carole Norwood	RN 87464 Suspension
7. Roberlyn Evans	RN	46338	Revocation	11. Stephen Parimore	RN 105564 Suspension-probation
8. Janis L. Hammond	RN	87617	Revocation	12. Michael Pullen	RN 111593 Revocation
9. Teresa D. Ingram	RN	77685	Revocation	13. Stephanie C. Shorter Shelly	RN 108371 Suspension-probation
10. Lisa J. Malone	RN	100125	Probation	14. Sharon G. Stamper	RN 94474 Suspension-probation
11. Sharon McEachern	RN	132584	Revocation	15. Tracy R. Thomas	RN 83401 Suspension
12. Jan Jumper Metcalf	RN	42017	Revocation	16. Daniel G. Turner	RN 147523 Revocation
13. Marc Neuy	RN	91307	Revocation	17. Kimberly Wade Wolfe	RN 129193 Revocation
14. Christopher Noble	RN	90719	Revocation	18. Patty Ann Creasman	LPN 33761 Suspension-Probation
15. Andrea Owens	RN	62174	Suspension-Probation	19. Kimberly Rose Hampton	LPN 44411 Revocation
16. Tiffany Peters	RN	139631	Suspension-Probation	20. Chowanda Johnson	LPN 56692 Probation
17. Amanda L. Raulston	RN	95747	Probation	21. Jennifer Jody Monahan Sanders	LPN 54472 Suspension
18. Heather Sawyer	RN	128303	Revocation	22. Michael Noblit	LPN 61237 Revocation
19. Elaine L. Trent	RN	34857	Suspension	23. Karen L. Potter	LPN 53716 Revocation
20. Carla K. Underwood	RN	96056	Revocation	24. Janet Robbins	LPN 42364 Revocation
21. Samuel Boyd	LPN	43328	Revocation	25. Ethel B. Wallace	LPN 28872 Revocation
22. Tammy Bryant	LPN	46836	Revocation	26. Leesa White	LPN 60024 Probation
23. Dana J. Burns	LPN	50537	Revocation	27. Mary Catherine Zaiger	LPN 52587 Revocation
24. Amber Carpenter	LPN	59344	Suspension-Probation	JULY 2006	
25. Jennifer C. Lyons	LPN	65485	Revocation	1. Donna Greenland	RN 87138 Revocation
26. Christina J. Mauthe	LPN	64968	Suspension-Probation	2. Tammy P. Herron	RN 95157 Suspension-Probation
27. Kendra McKeegan	LPN	60101	Suspension-Probatio	3. Laura E. Thompson Lancaster	RN 122184 Revocation
28. Virginia McQueen	LPN	7620	Revocation	4. Sandra J. Matthews	RN 47895 Revocation
29. Leigh F. Nolen	LPN	58654	Revocation	5. Pamela C. Rice	RN 83938 Revocation
30. Racheal Oldham	LPN	49597	Revocation	6. Yolanda Adair	LPN 41150 Revocation
31. Nina Karen Owens	LPN	43311	Revocation	7. Rosa L. Hatch	LPN 31990 Revocation
32. Sharon Queener	LPN	49151	Revocation	8. Marsha Scott	LPN 60269 Revocation
33. Sheila K. Rivers	LPN	45249	Revocation	9. Denise A. Taylor	LPN 62613 Revocation
34. Brenda C. Sanders	LPN	63452	Revocation	SEPTEMBER 2006	
35. James W. Smith, Jr.	LPN	64649	Probation	1. Amanda Adams	RN 71312 Revocation
36. Sherry D. Suffridge	LPN	34004	Revocation	2. Deborah Agett	RN 64031 Revocation
JUNE 2006					
1. Katharine Beecham	RN	103706	Suspension-probation	3. Susan Youngblood Cox	RN 130606 Revocation
2. Nathan Blanton	RN	137331	Revocation	4. Sharon A. Coulbourne	RN 98474 Revocation
3. Kristy S. Carrington	RN	132639	Revocation	5. Robin Deering	RN 128166 Suspension-Probation
4. Stacey Renee Cox	RN	133107	Revocation	6. V. Annette Fletcher	RN 96348 Suspension-Probation
				7. Charmaine Garner	RN 108798 Suspension-Probation
				8. Basya Goldstein	RN 112829 Suspension-Probation
				9. Angela Hamilton	RN 96511 Revocation
				10. Donna K. Housley	RN 55507 Revocation
				11. Richard Knight	RN 138135 Suspension-Probation





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12. Judy McClain	RN	77184	Revocation	29. Margaret Carmack	LPN	45135	Revocation
13. David C. Miller	RN	131434	Probation	30. Bridgette N. Carmichael	LPN	23123	Revocation
14. Scott Nations	RN	106521	Suspension	31. Deidre D. Chambliss	LPN	53668	Revocation
15. Phillip T. Raiford, Jr.	RN	63075	Revocation	32. Mary K. Gilliland	LPN	36766	Suspension-Probation
16. Betty Richardson	RN	93094	Revocation	33. Melissa D. Greever	LPN	60092	Revocation
17. Dana J. Seaton	RN	127544	Revocation	34. Lisa Haywood	LPN	47231	Revocation
18. Katherine G. Simmons	RN	57137	Revocation	35. Kandy Keeton-Reddix	LPN	58646	Probation
19. Jodi Sireci	RN	111651	Suspension-Probation	36. Deborah Lange	LPN	40670	Revocation
20. David Teel	RN	80886	Revocation	37. Cleo Poplar	LPN	57757	Revocation
21. Kera White	RN	94251	Suspension-Probation	38. Marlen Price	LPN	12395	Probation
22. Stacey Lynn Alcorn	LPN	52560	Revocation	39. Kristi A. Quarles	LPN	61962	Suspension-Probation
23. Charlotte Black	LPN	51977	Revocation	40. Mende Raines	LPN	63028	Revocation
24. Alesar Campbell	LPN	45983	Suspension-Probation	41. Heather Lynn Renninger	LPN	55454	Revocation
25. Jacquelyn Correll-Seeber	LPN	44966	Revocation	42. Sandra D. Mitchell Schrimsher	LPN	47485	Suspension
26. Billie Jo Frazier	LPN	20038	Suspension-Probation	43. Myranda Seay	LPN	67998	Suspension-Probation
27. Teresa L. Herrell	LPN	29643	Revocation	44. Susan Skaggs	LPN	46012	Revocation
28. Debra P. Jackson	LPN	33908	Revocation	45. Kathy Marie Slaughter	LPN	38278	Suspension-Probation
29. Melinda Newell	LPN	32317	Revocation	46. Amanda Kay Smith	LPN		Revocation of Privilege
30. Jennifer C. Parker	LPN	58514	Revocation	47. James W. Smith, Jr.	LPN	64649	Revocation
31. Katherine Persich	LPN	65156	Suspension-Probation	48. Courtney Lanette Wiley	LPN	60066	Revocation
32. Debra Shelley	LPN	30708	Revocation	49. Marketa Barnes	Unlicensed		Fine \$717,000
33. Michelle Wilson	LPN	45021	Revocation	50. Laura Lee Park Poe	APN	11374	Probation
34. Sherry E. Payne	LPN	45057	Reprimand				
35. Jacqueline Robinson	LPN	46772	Reprimand	MARCH 2007			
36. Kimberly Dawn Charles	Unlicensed		Fine \$15,000	1. Kimberly A. Brymer	RN	127097	Probation
				2. Beverle Joan Carpenter	RN	115812	Suspension-Probation
OCTOBER 2006				3. Dorothy O. Covington	RN	103525	Revocation
1. Denise R. New	LPN	37673	Revoked	4. Stanley Russell Gilliland	RN	101509	Revocation
				5. Wilma J. Harris	RN	64980	Revocation
DECEMBER 2006				6. Phyllis M. Johnson	RN	116988	Probation
1. Rhonda Kay Akins	RN	111443	Probation	7. Wanda H. Jones	RN	28984	Probation
2. Elizabeth Kay Bailey Tucker	RN	115779	Suspension-Probation	8. Julie L. King	RN	87587	Revocation
3. Christy Lee Blackburn	RN	136131	Revocation	9. Pamela Lane Burbank	RN	95421	Suspension
4. Shannon Paige Brock	RN	83886	Revocation	10. Brian Lehan	RN	76968	Revocation
5. Walter Burns	RN	52837	Revocation	11. Jayne L. Love	RN	141466	Revocation
6. Susan R. Carringer	RN	128438	Revocation	12. Pamela J. Marshall	RN	90970	Suspension-Probation
7. Debra Faye Charlton	RN	63289	Revocation	13. Sheila L. McKee	RN	30130	Fine \$700.00
8. Delma Collins	RN	39929	Suspension-Probation	14. Malisa F. Nelson	RN	132604	Suspension
9. Christine Alice Furr	RN	115847	Suspension-Probation	15. Donna Leah Patterson	RN	110393	Suspension
10. Jacqueline Jane Hammons	RN	76071	Revocation	16. Melissa Black Pickett	RN	120732	Revocation
11. Bryan Harrison	RN	115220	Revocation	17. Pamela D. Purifoy	RN	86778	Probation
12. Tammy Hoadley	RN	105871	Suspension-Probation	18. Lisa Ratte	RN	74880	Probation
13. Carol A. Howell	RN	85366	Revocation	19. Anthony L. Smith	RN	135016	Probation
14. Teresa Kingsmill	RN	137713	Revocation	20. Phyllis B. Starnes	RN	42217	Suspension-Probation
15. Suzanne Liberty	RN	90811	Revocation	21. Robin Taylor	RN	118276	Revocation
16. Laura E. Brown Newell	RN	46167	Suspension-Probation	22. Una K. Cochran	LPN	41024	Revocation
17. Amy Lynn Norris	RN	127992	Suspension-Probation	23. Kellie Blackwell Dayvault	LPN	62108	Revocation
18. Mark A. Norris	RN	96822	Revocation	24. Veronica Gouge Goodwin	LPN	52664	Revocation
19. Brent Page	RN	146222	Suspension-Probation	25. Sharon Sue Church Gunter	LPN	55403	Suspension
20. Stephanie Person	RN	103174	Revocation	26. Rebecca L. Hagood	LPN	60065	Revocation
21. Laura Lee Park Poe,	RN	94199	Probation	27. Judy Ann Hooser	LPN	48675	Revocation
22. Joanna L. Robarge Phillips	RN	101206	Probation	28. Cynthia D. Kimmons	LPN	44089	Revocation
23. Karen S. Smith	RN	89837	Revocation	29. Cindy R. Raybon	LPN	41758	Probation
24. Teresa Nolan Stout	RN	118864	Revocation	30. Sara H. Romaneck	LPN	66281	Suspension
25. Julia Wilbur	RN	63947	Suspension-Probation	31. Jennifer C. Simon	LPN	65242	Revoked
26. Kimberly A. Wright	RN	96080	Revocation	32. Trina L. Smith	LPN	54513	Revocation
27. Debyon Yeates	RN	101832	Suspension-Probation	33. Walter M. Scroggs, Jr.	LPN	43276	Reprimanded
28. Karla D. Brooks	LPN	51978	Suspension-Probation	34. Diana Chambers	APN	5967	Revoked

- Suspension-Probation –A nurse's license is suspended until conditions in the Order have been met by the nurse. Once the nurse has complied with the conditions outlined in the Order, the nurse's license is placed on probation.
- To find out more information on the disciplinary action taken on a specific nurse, go to [Tennessee.gov/health](http://Tennessee.gov/health). Click on licensure verification and follow the directions.



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